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- “ 5. State the difference between an observation and an opinion and give example of each. How does this distinction affect the conduct of the nurse?
- “ 6. What effect has hemorrhage in the mother upon the oxygen supply of the unborn child?
- “ 7. What food should be given to a case of gastro-enteritis, and why?
- “ 8. How does the relatively small size of the child affect the care of it as to heat and cold?
- “ 9. What are mucous patches? Where do you find them? What do they look like? Are they contagious?
- “ 10. Give one good rule for determining the ‘initial dose’ in children.”

We believe, therefore, that a nurse who is a graduate of the Boston Floating Hospital will be familiar with the peculiar anatomical and physiological features of children, the points to be observed in every case, and those to be seen only in surgical, contagious, or defective children, or in those having some special forms of disease. She will know what foods are suitable for various ages and for different diseases, and how to prepare them, and the main lines of treatment employed, as well as something of the reasons therefor. She will have learned from experience how to irrigate the colon, to wash out the stomach, to give nasal feeding, to get enemata retained, to give normal saline solution under the skin, how the pulse and temperature run in critical cases, and the modification which may be secured by prompt stimulation. She will be conversant with the important things to be noted in infants' dejecta and know what are the peculiarities following certain lines of food. She will have seen, too, the specimens of diseased tissue of babies over whom she has patiently worked and know why the efforts failed. Such a nurse will be invaluable to a doctor who has a very sick baby under his care. He knows that his orders will be skilfully carried out, that the observations he desires will be made and recorded, and that emergencies will be promptly met.

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IS THE PROFESSION BECOMING OVERCROWDED?

BY AN OBSERVER

THIS question came up before my mind not long ago as I sat with a group of women all of whom had graduated from one of our most thorough-going and excellent schools of nursing. They were five in number: one only was beyond what might be called the best years of a working woman, the rest were enjoying the prime of vigor.

All were women of notable and exceptional success as nurses. They all had in a marked degree that quality of womanliness which comes first

and foremost among the characteristics of a good nurse. They were sensible, kindly; home-makers, and endowed with sympathy, brains, and tact. I had seen them with patients on private duty and as head nurses of wards.

It seemed a little sad to look at these women and realize that the profession of nursing had lost them,—for they had all entered different lines of work, in which, true enough, their nurses' training stood them in excellent stead, but in which it was not the main thing.

Two had studied medicine, and each was established in a cosy and home-like little flat, a sort of combination of the "bachelor-girl" and business woman's apartment, and these two young doctors have already a good general practice, are members of the medical societies, and are doing well financially. They are full of interest in social problems, are ready to assist in reform work, and are still also interested in the progress of the nursing profession, although as time goes on this must inevitably become overgrown with the affairs of their own medical colleagues.

Another had given up nursing for the specialty of massage, and was also successful and happy. Still another had become interested in the lives of wage-earning women in offices and shops. She had done every kind of nursing with success, and finally gave up district nursing to establish a club where meals of good quality and small price were served to working-women. Her assistant was also a nurse, and this business enterprise is being conducted with eminent skill and success. The fifth had retired from active nursing from reasons of health and had worked up for herself a well-paying industry in making surgical supplies, sanitary articles, and outfits, which she disposed of in trade channels.

As I contemplated these ex-nurses I concluded that there was no immediate danger of the profession being overcrowded, and only felt sorry that five incompetents could not have been removed to other spheres instead of these, all so capable and excellent.

One of them said to me: "Every nurse should be advised to so cultivate and prepare herself that there shall be at least one other thing in which she may excel, so that she may, if necessary, have some other way of supporting herself. No nurse should be dependent on nursing alone; she should have some other resource in case her health fails, or her family claims her, or for any reason she wishes to give up nursing." This seems like sound advice, and I am inclined to think that if all trained nurses who have taken up other lines of work were to make themselves known to the JOURNAL, the sum total would be quite astonishing.

Many women, after a period of service in nursing for ten years or so, feeling a longing for healthy, well people, for vital, creative work, go into other activities, and I believe this is a good thing for them-

selves and for the whole service. A continual fresh element is thus kept pouring into the work of self-denial and seclusion with the sick, and the fagged and weary ones are dispersing themselves into the strong currents of the world life, there to be reinvigorated and refreshed.

POST-GRADUATE WORK*

By LUCY WALKER

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WE hope to gain to-day some ideas which may be useful in helping us to arrive at more definite conclusions regarding:

1. The value of post-graduate work.
2. The difficulties in the way of making it feasible.
3. The best way of obtaining it.

That it is a need we shall all probably agree. Nursing is a very young profession, and has within a very short period of time grown and developed rapidly. Nurses who graduated some years ago were not offered the opportunities of the nurses of to-day. Great changes have taken place in the attitude of hospitals towards their training-schools. Arrangements have been made for better instruction and more careful supervision, and a higher order of work is expected from the students. In the early days of nursing reform physicians and surgeons did not require from nurses what to-day they expect as a matter of course. Nurses who have recently graduated are often given the preference over those whose services, by reason of their greater experience, should be of much more value, and as a result the latter fall behind in the race. This is not as it should be. We do not find it so in the medical profession. Young doctors are content after several years of study to *wait* for success, because they know that the public prefers men of experience. And yet medicine and surgery are also progressing. Why do not the older men, who have not had the opportunities of the younger, also fall behind in the race?

The answer to this question will help us to realize that post-graduate work is of the very highest value. The successful young medical student, after gaining his theoretical knowledge at a college, enters a hospital and gives his services for a term of two years or more in order to gain a practical knowledge of his work. He then opens an office, hangs out his sign, and *hopes* for patients. But does he consider his medical education

* Read before the Philadelphia County Graduate Nurses' Association.